

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. **097889838** FILING DATE

APPLICANT(S)

CLAIMS

CLAIM NUMBER	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	-					
3	-					
4	7					
5	0					
6	0					
7						
8	0					
9	0					
10	0					
11	0					
12	0					
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47						
48						
49						
50						
TOTAL IND.			1			
TOTAL DEP.				1		
TOTAL CLAIMS						

TOTAL IND.				
TOTAL DEP.				
TOTAL CLAIMS				

BEST AVAILABLE COPY